

**FICER'S BATTERY REPORT**  
**CHAGO POLICE DEPARTMENT**

RD NO. **HY226378**

STRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION														
NAME (LAST - FIRST - M.I.) <b>STREEPER, JASON J</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>2138 E 74TH ST</b> <b>CITY</b> <input checked="" type="checkbox"/> CHICAGO <b>STATE (If outside Chicago)</b> <input type="checkbox"/> <b>LOCATION CODE</b> <b>304-STREET</b> <b>BEAT OF OCCURRENCE</b> <b>0333</b> <b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>17-APR-2015</b> <b>22:53:00</b> <b>FRIDAY</b>														
TAR NO. <b>13704</b>		POSITION <b>POLICE OFFICER</b>															
ATE OF APPOINTMENT <b>01-AUG-2012</b>		EMPLOYEE NO. [REDACTED]															
VIT OF ASSIGNMENT <b>003</b>		BEAT/CALL NO. <b>0368D</b>															
EX 1. M	RACE 2. F	DOB [REDACTED]															
EIGHT <b>511</b>		WEIGHT <b>195</b>															
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED																	
<input type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many?  <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)													
<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <table> <tr> <td><input type="checkbox"/> A. FIREARM CALIBER</td> <td><input type="checkbox"/> D. HANDS/FISTS</td> </tr> <tr> <td><input type="checkbox"/> B. VEHICLE</td> <td><input type="checkbox"/> E. FEET</td> </tr> <tr> <td><input type="checkbox"/> 1. REVOLVER</td> <td><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)</td> </tr> <tr> <td><input type="checkbox"/> 2. SEMI-AUTOMATIC</td> <td><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)</td> </tr> <tr> <td><input type="checkbox"/> 3. RIFLE</td> <td><input type="checkbox"/> H. OTHER (SPECIFY) _____</td> </tr> <tr> <td><input type="checkbox"/> 4. SHOTGUN</td> <td></td> </tr> </table>						<input type="checkbox"/> A. FIREARM CALIBER	<input type="checkbox"/> D. HANDS/FISTS	<input type="checkbox"/> B. VEHICLE	<input type="checkbox"/> E. FEET	<input type="checkbox"/> 1. REVOLVER	<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)	<input type="checkbox"/> 2. SEMI-AUTOMATIC	<input type="checkbox"/> G. VERBAL THREAT (ASSAULT)	<input type="checkbox"/> 3. RIFLE	<input type="checkbox"/> H. OTHER (SPECIFY) _____	<input type="checkbox"/> 4. SHOTGUN	
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<b>FIREARM USE INFORMATION</b> (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON																	
OFFENDER INFORMATION																	
SEX <input checked="" type="checkbox"/> 1. M		RACE <b>BLACK</b>	DOB [REDACTED]														
CB NO. <b>00000000</b>		IR NO.															
<b>TYPE OF INJURY TO OFFICER</b> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE																	
<b>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</b> <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN																	
<b>GANG RELATED?</b> <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN																	
NO. OF OFFENDERS PRESENT? <b>3</b>																	
LIGHTING CONDITIONS AT INCIDENT																	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN		<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT  <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		<b>WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND													
APPROXIMATE OUTDOOR TEMPERATURE: <b>60 °F</b>																	

LOG # **1074731**

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REPORTING MEMBER - SIGNATURE  
**STREEPER, JASON J**

STAR NO.  
**13704**

WATCH COMMANDER/UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**ALEXANDER, DANA**

**531**